VACCINES UNDER THE MICROSCOPE

A Muslim Doctor's Perspective

Muslim Skeptic

Vaccines Under the Microscope: A Muslim Doctor's Perspective

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The author is a practicing Muslim physician who has chosen to remain anonymous.

The purpose of this article is to ensure that, as Muslims, we make informed decisions based on knowledge—rather than marketing, propaganda, or societal pressure—especially when it comes to the health and well-being of our children. As an Ummah, we have a responsibility to raise a strong and plentiful generation that will make the Prophet (may Allah bless him and grant him peace) proud on the Day of Judgment. This means we must be vigilant regarding everything we allow into our children's bodies. We cannot afford to blindly follow the crowd without careful consideration.

Imagine you've just welcomed your first child into the world. If you had any doubts, would you willingly allow them to be given a medical intervention that may pose a risk? Whether that potential harm is something mild, like a pollen allergy; or something more serious, like future fertility issues, wouldn't you want to be acquainted with all of the possible

risks? You might think, “But I know many people who have been vaccinated and haven’t experience any problems.” And that may very well be true for some. However, just because the effects aren’t immediately visible, that doesn’t mean they don’t exist.

In recent years, I’ve started to examine the role of vaccination more critically—both in terms of its effects on population health and also the concerns that have been raised. I’ll admit, I myself would once look down on “anti-vaxxers,” dismissing them as uneducated and being reliant, for their information, on the likes of soccer moms on Facebook who promote everything from flat Earth theories to bigfoot sightings. That being said, my goal here is not to undermine the advancements that medicine has made. Rather, it is to question whether or not we, as a society, have become so fixated on vaccines that valid concerns are often dismissed or suppressed.

I believe that vaccines could be linked to many of the chronic conditions we see today—conditions that were rare, if not unheard of, in previous generations. Of course, this isn’t any sort of definitive proof, but it is nonetheless enough to encourage further investigation and to avoid taking anything simply at face value.

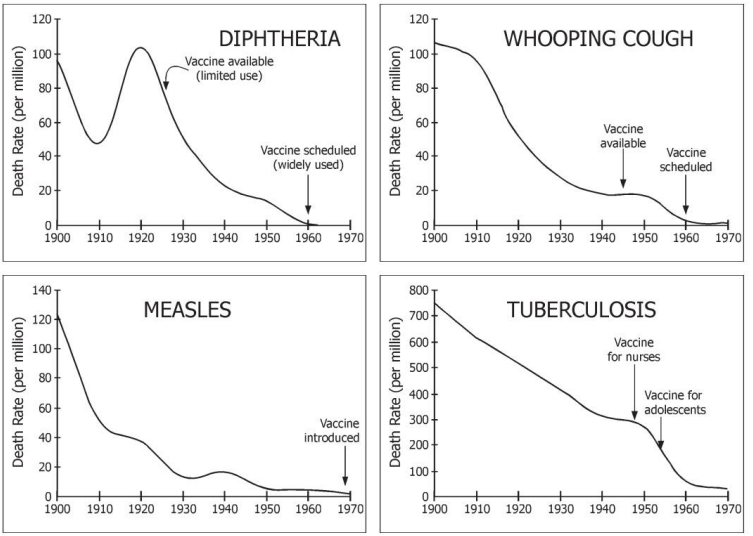
Vaccines are often hailed as one of modern medicine’s greatest triumphs. However, like all medical interventions, they warrant an unbiased and balanced view. While the

popular narrative presents vaccines as the ultimate safeguard against deadly diseases, closer examination reveals that their role may actually be overstated, and the potential risks are not always fully acknowledged.

A Critical Examination of Vaccines : Challenging the Assumptions and Evidence

1. Vaccination is Not the Primary Reason for the Decline in Infectious Diseases

It seems that, though vaccines are normally credited with being the greatest factor in reducing the incidence of infectious diseases, evidence shows that is not really the case—that other factors had a significantly more impactful role to play.



Example 1: Improvements in living conditions, such as better sanitation, hygiene, water supplies, housing, and nutrition, are considered to be the main reason for the decrease in infectious diseases. For example, in New Zealand there was up to a 98% decrease in the death rate from the so-called "childhood diseases" between the late 1890s and the 1940s, before vaccination was introduced.[1]

Example 2: The support to this argument is validated by the fact that death cases from diseases such as scarlet fever, which was almost eradicated without the use of vaccinations, had declined. In the same light, the reduction in the number of deaths from measles, whooping cough, tuberculosis, and diphtheria before the use of vaccines in wide application shows that other factors were responsible for the reduction in these diseases or disorders of previous times.[2]

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[1] ►McKinlay, J.B., & McKinlay, S.M. (1977). The questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century. Milbank Memorial Fund Quarterly, Summer: 405-428. ►McKeown, T. (1979). The Role of Medicine – Dream, Mirage or Nemesis? Basil Blackwell, Oxford. ►New Zealand Official Year-books, 1893 to 1985, Department of Statistics.

[2] ► McKinlay, J.B., & McKinlay, S.M. (1977). The questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century. Milbank Memorial Fund Quarterly, Summer: 405-428. ►Gordon, D. Health, Sickness and Society – theoretical concepts in social and preventive medicine, University of Queensland Press. ►Dubos, R., & Escande, J.-P. (1980). Quest: Reflections on Medicine, Science and Humanity, Harcourt Brace Jovanovich, New York.

2. The Immune System and Environmental Factors Are More Crucial in Disease Progression Than Vaccination

The vaccination, however, in most cases comes secondary to general health and environment in bringing disease to a significant end.

Example 1: Louis Pasteur was a French chemist, pharmacist, and microbiologist renowned for his discoveries of the principles of vaccination, microbial fermentation, and pasteurization, the last of which was named after him. His later views tended to emphasize that the course of an infection depends more on the general health of the patient or "terrain" rather than the presence of microbes, suggesting that the general and mental condition of the patient is crucial in determining illness.[3]

Example 2: The presence of antibodies, which vaccines aim to produce, does not necessarily correlate with protection against disease. For example, in the case of whooping cough, there is no clear correlation between antibody levels and immunity, and no generally accepted laboratory measure of immunity exists.[4]

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[3] ► Hume, E.D. (1991). Pasteur Exposed: The Myth of Pasteur's Germ Theory, Revisionist Press.

[4] ► Tran Minh, N.N., et al. (1999). Cell-mediated immune responses to antigens of Bordetella pertussis and protection against pertussis in school children. Pediatr Infect Dis J., 18(4): 366-70. ► Jones, C. (1996). Unanswered questions continue to haunt pertussis vaccine research. Infectious Diseases in Children, July. ► Dunbar, B.S. (1999). Dr. Bonnie Dunbar Testimony On Hepatitis B Vaccine, Subcommittee on Criminal Justice, Drug Policy and Human Resources, United States House of

3. Vaccination Can Make Children More Susceptible to Disease by Weakening Their Immune Systems

There is also a concern that vaccination may depress the immune system and render children prone to diseases.

Example 1: Vaccination has been suggested to make today's babies more vulnerable to disease because vaccinated women pass on fewer antibodies to their babies, increasing the susceptibility of these babies to diseases during their first year of life.[5]

Example 2: Some medical studies claim that vaccination can depress cellular immunity, the body's first line of defense against infection. This suppression can lead to an "overload" effect on the immune system, resulting in generally lowered resistance and increased susceptibility to disease.[6]

Representatives, Washington DC.

[5] ► Papania, M., et al. (1999). Increased susceptibility to measles in infants in the United States. Pediatrics, 104(5): e59. ► Jaber, L., et al. (1988). Infectious episodes following diphtheria-pertussis-tetanus vaccination: A preliminary observation in infants. Clin Pediatr (Phila), 27(10): 491-4.

[6] ► Jaber, L., et al. (1988). Infectious episodes following diphtheria-pertussis-tetanus vaccination: A preliminary observation in infants. Clin Pediatr (Phila), 27(10): 491-4. ► Nakayama, T., et al. (1988). Long-term regulation of interferon production by lymphocytes from children inoculated with live measles virus vaccine. J Infect Dis., 158(6): 1386-90. ► Martinez, X., et al. (1997). DNA immunization circumvents deficient induction of T helper type 1 and cytotoxic T lymphocyte responses in neonates and during early life. Proc Natl Acad Sci USA, 94: 8726-31. ► RELATED: Sexual Immorality and New Diseases: A Powerful Prophecy of Islam- https://muslimskeptic.com/2022/12/29/sexual-immorality-prophecy/

4. Vaccines Contain Toxic Substances That Are Harmful to the Body

Toxic substances in vaccines have ignited a debate that they might be harmful to the body.

Example 1: Formaldehyde, a compound used in some vaccines, is extremely toxic and is classified as a known carcinogen.[7]

Example 2: Aluminum, another common vaccine ingredient, is associated with reactions at the injection site and has been linked to Alzheimer's disease and dementia.[8]

Example 3: Thimerosal, a mercury-containing compound used in some vaccines, is highlighted as a concern due to its toxicity and alleged links to various illnesses and disabilities, leading to calls for its removal from childhood vaccines.[9]

Example 4: 2-Phenoxyethanol, which has replaced thimerosal in some vaccines, is noted as an irritant that can

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[7] ► Blair, A., Saracci, R., Stewart, P.A., Hayes, R.B., & Shy, C. (1990). Epidemiologic evidence on the relationship between formaldehyde exposure and cancer. Scand J Work Environ Health, 16(6): 381-93.

[8] ► Fiejka, M., & Aleksandrowicz, J. (1993). Aluminum as an adjuvant in vaccines and post-vaccine reactions. Rocz Panstw Zakl Hig, 44(1): 73-80. ► Bilkei-Gorzo, A. (1993). Neurotoxic effect of enteral aluminium. Food Chem Toxicol., 31(5): 357-61.

[9] ► Ball, L.K., et al. (2001). An assessment of thimerosal use in childhood vaccines. Pediatrics, 107(5): 1147-54.

cause symptoms like coughing, headache, abdominal pain, and nausea.[10]

5. Vaccines Can Be Contaminated with Harmful Viruses or DNA from the Production Process

The possibility of contamination during vaccine production raises significant safety concerns.

Example 1: The infamous contamination of polio vaccines with the SV40 virus in the 1950s and '60s, which allegedly caused cancers in many recipients, is cited as a significant example of the dangers of vaccine contamination.[11]

Example 2: The presence of avian leukosis virus from chick embryos and bovine viral diarrhea virus from fetal calf blood in vaccines raises concerns, emphasizing that total safety requires the complete absence of such DNA in vaccines.[12]

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[10] ► Occupational Health Services, Inc. (1988). Hazardline, Occupational Health Services, Inc., New York. ► CDC Vaccine Excipient & Media Summary- https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

[11] ► Fisher, S.G., et al. (1999). Cancer risk associated with simian virus 40 contaminated polio vaccine. Anticancer Res., 19(3B): 2173-80. ► Carbone, M., Rizzo, P., & Pass, H. (2000). Simian virus 40: the link with human malignant mesothelioma is well established. Anticancer Res., 20(2A): 875-7.

[12] ► Hilleman, M.R. (1990). History, precedent, and progress in the development of mammalian cell culture systems for preparing vaccines: safety considerations revisited. J. Med. Virol., 31(1): 5-12. ► Tsang, S.X.,

Example 3: The use of animal and human tissues, including foetal calf blood, chick embryo fluid, monkey kidney cells, and human diploid cells from aborted human fetuses in vaccine production, further raises concerns about potential contamination and the presence of other viruses.[13]

6. Live Virus Vaccines Can Cause the Very Diseases They Are Meant to Prevent

Sometimes such live virus vaccines have been known to result in the very diseases they are meant to protect against.

Example 1: The oral polio vaccine can result in the virus being excreted in the feces of the vaccine recipient, potentially infecting non-immune individuals. This has led some countries to revert to using the killed virus polio

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et al. (1999). Evidence of avian leukosis virus subgroup E and endogenous avian virus in measles and mumps vaccines derived from chicken cells: investigation of transmission to vaccine recipients. J Virol., 73(7): 5843-51. ►Levings, R.L., & Wessman, S.J. (1991). Bovine viral diarrhea virus contamination of nutrient serum, cell cultures and viral vaccines. Dev Biol Stand, 75: 177-81. ►Levenbook, I.S., Petricciani, J.C., & Elisberg, B.L. (1984). Tumorigenicity of Vero cells. J Biol Stand., 12(4): 391-8. ►Kopelovich, L. (1982). Are all normal diploid human cell strains alike? Relevance to carcinogenic mechanisms in vitro. Exp Cell Biol., 50(5): 266-70.

[13] ►ViroMed Laboratories Inc. Selected Profiles of Cell Cultures. ►Hilleman, M.R. (1990). History, precedent, and progress in the development of mammalian cell culture systems for preparing vaccines: safety considerations revisited. J. Med. Virol., 31(1): 5-12. ►Horaud, F. (1995). Viral vaccines and residual cellular DNA. Biologicals, 23(3): 225-8. ►SV40 Foundation- https://www.sv40foundation.org/cpv-link/

vaccine.[14]

Example 2: Vaccines for diseases like measles, mumps, hepatitis A, and chickenpox have been documented to cause the diseases they were meant to prevent in recipients or their close contacts who had no immunity. [Reference: 14 No. footnote]

7. Vaccines Are Not Always Effective in Preventing Diseases

The effectiveness of the vaccines has routinely been put to the test by different people, especially when there are documented outbreaks of some particular diseases within highly-vaccinated populations.

Example 1: In New Zealand in 1999, 68% of whooping cough cases occurred in fully vaccinated individuals, suggesting that the vaccine was not as effective as expected.[15]

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[14] ►Morfin, F., Beguin, A., Lina, B., & Thouvenot, D. (2002). Detection of measles vaccine in the throat of a vaccinated child. Vaccine, 20(11-12): 1541-3. ►Nagai, T., & Nakayama, T. (2001). Mumps vaccine virus genome is present in throat swabs obtained from uncomplicated healthy recipients. Vaccine, 19(11-12): 1353-5. ►Huang, X., Cao, Y., & Tan, S. (2001). Horizontal transmission of live attenuated hepatitis A vaccine virus. Zhonghua Yi Xue Za Zhi, 81(8): 465-7. ►LaRussa, P., Steinberg, S., Meurice, F., & Gershon, A. (1997). Transmission of vaccine strain varicella -zoster virus from a healthy adult with vaccine-associated rash to susceptible household contacts. J Infect Dis., 176(4): 1072-5. ►PubMed- https://pubmed.ncbi.nlm.nih.gov/18922486/

[15] ►Turner, Dr. N. (1999). Pers. Comm. Citing Environmental Science and Research data.

Example 2: During the 1984-85 New Zealand measles epidemic, 40% of cases in children over 15 months old occurred in vaccinated children, questioning the vaccine's effectiveness.[16]

Example 3: Frequent measles outbreaks in 98% to 100% vaccinated communities in the US are also cited as evidence of vaccine inefficacy.[17]

Example 4: Outbreaks of mumps, rubella, and polio in highly vaccinated populations further support the argument that vaccines do not always provide effective protection.[18]

Example 5: Studies on the hepatitis B vaccine indicate that immunity may only last five to ten years. One study found that only 50% of vaccinated individuals had immunity after

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[16] Hardy, I.R.B., et al. (1987). Measles epidemic in Auckland 1984-85. N.Z. Med. J.; 13 May: 273-275.

[17] Sutcliffe, P.A., & Rea, E. (1996). Outbreak of measles in a highly vaccinated secondary school population. CMAJ, 15; 155(10): 1407-13.
► Matson, D.O., et al. (1993). Investigation of a measles outbreak in a fully vaccinated school population including serum studies before and after revaccination. Pediatr Infect Dis J., 12(4): 292-9.

[18] Cheek, J.E., Baron, R., Atlas, H., Wilson, D.L., & Crider, R.D. Jr. (1995). Mumps outbreak in a highly vaccinated school population. Evidence for large-scale vaccination failure. Arch Pediatr Adolesc Med., 149(7): 774-8.
► Johnson, C.E., et al. (1996). Antibody persistence after primary measles -mumps-rubella vaccine and response to a second dose given at four to six vs. eleven to thirteen years. Pediatr Infect Dis J., 15(8): 687-92.
► Sutter, R.W., et al. (1991). Outbreak of paralytic poliomyelitis in Oman: evidence for widespread transmission among fully vaccinated children. Lancet, 338(8769): 715-20.

four years, and another showed that 61% of teenagers had no immunity 14 years after vaccination.[19]

8. Vaccines Can Cause Serious and Sometimes Fatal Adverse Reactions

There is evidence that vaccination provokes a number of adverse reactions, some vastly diverse, and many potentially serious and sometimes even fatal.

Example 1: Adverse reactions to vaccines can range from mild symptoms like pain and fever to severe conditions like encephalitis, Guillain-Barre syndrome, multiple sclerosis, arthritis, and even death.[20]

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[19] Street, A.C., Weddle, T.Z., Thomann, W.R., Lundberg, E.W., Jackson, G.W., & Hamilton, J.D. (1990). Persistence of antibody in healthcare workers vaccinated against hepatitis B. Infect Control Hosp Epidemiol., 11(10): 525-30. ►Whittle, H., Jaffar, S., Wansbrough, M., Mendy, M., Dumpis, U., Collinson, A., & Hall, A. (2002). Observational study of vaccine efficacy 14 years after trial of hepatitis B vaccination in Gambian children. BMJ, 325: 569.

[20] Bernard, S., Enayati, A., Redwood, L., Roger, H., & Binstock, T. (2001). Autism: A Novel Form of Mercury Poisoning. Med Hypotheses, 56(4): 462-71. ►Kawashima, H., et al. (2000). Detection and sequencing of measles virus from peripheral mononuclear cells from patients with inflammatory bowel disease and autism. Dig Dis Sci., 45(4): 723-9. ►Miller, E., et al. (1993). Risk of aseptic meningitis after measles, mumps, and rubella vaccine in UK children. Lancet, 341(8851): 979-82. ►Classen, J.B. (1996). Diabetes epidemic follows hepatitis B immunization program. NZ Med. J., 109: 195. ►Walker, A.M., Jick, H., Perera, D.R., Thompson, R.S., & Knauss, T.A. (1987). Diphtheria-tetanus-pertussis immunization and sudden infant death syndrome. Am J Public Health, 77(8): 945-51. ►Schneider-Schaulies, et al. (1999). Measles virus in the CNS: the role of viral and host factors for the establishment and maintenance of a

Example 2: Vaccines have also been linked to or shown to cause autism, meningitis, diabetes, sudden infant death syndrome (SIDS), and degenerative brain diseases. [Reference: 20 No. footnote]

Example 3: Vaccine adverse reaction reporting systems, such as the Centre for Adverse Reaction Monitoring (CARM) in New Zealand and the Vaccine Adverse Event Reporting System (VAERS) in the US, document numerous serious reactions. Between January 1990 and December 2010, 326,296 vaccine adverse reactions were reported to VAERS.[21]

Example 4: Following the licensing of the Human Papilloma Virus (HPV) vaccine in 2006, adverse reaction reports to VAERS increased by more than 10,000 per year. [Reference: 21 No. footnote]

Example 5: The US government paid out $1.18 billion dollars to the families of vaccine-damaged children between 1989 and 2007, further illustrating the potential severity of vaccine reactions. [Reference: 21 No. footnote]

Example 6: It is widely accepted that vaccine reactions are grossly under-reported, with estimates suggesting that only

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persistent infection. Journal of NeuroVirology, 5: 613–622.

[21] VAERS data. http://www.vaers.hhs.gov.

1% to 10% of all reactions are reported.[22]

9. Vaccine Safety Studies Are Flawed and Insufficient

Critics claim that studies on vaccine safety are far too lax and provide judgments that are not adequate or accurate in determining vaccine risks.

Example 1: Vaccine safety tests are often based on poor scientific methodology, with studies that are too small, too short, and too limited in the populations they represent. These studies are often not subject to independent criticism, leading to unreliable conclusions.[23]

Example 2: As more children are vaccinated, it becomes increasingly more and more difficult to compare the health of unvaccinated with vaccinated children, potentially

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[22] Rosenthal, S., & Chen, R. (1995). The reporting sensitivities of two passive surveillance systems for vaccine adverse events. Am J Public Health, 85(12): 1706-9. ►Kessler, D. (1993). Introducing Medwatch: A new approach to reporting medication and device adverse effects and product problems. JAMA, 269(21): 2785.

[23] Schlafly, R. (1999). Official vaccine policy flawed. Medical Sentinel, Vol. 4, No. 3: 106-108. AAPS. ►Orient, J. (1999). Statement of The Association of American Physicians and Surgeons, Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform U.S. House of Representatives. ►Howson, C.P., Howe, C.J., & Fineberg, H.V. (Editors), (1991). Adverse Effects of Pertussis and Rubella Vaccines, Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines, Institute of Medicine.

skewing safety data.[24]

Example 3: The use of vaccinated children as controls in vaccine safety studies is criticized as unscientific, as it does not provide a true baseline for assessing the incidence of adverse reactions. [Reference: 24 No. footnote]

10. The Vaccine Industry Is Driven by Profit Rather Than Safety

This has made many people doubt whether vaccination programs will actually be safe, because the profit margin will exceed the intent for safety.

Example 1: The vaccine industry generates billions of dollars in profit annually. For instance, the Health Funding Authority in New Zealand spent almost $11.8 million on vaccination between 1989 and 1999, $6.3 million of which was spent just on purchasing vaccines.[25]

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[24] Orient, J. (1999). Statement of The Association of American Physicians and Surgeons, Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform U.S. House of Representatives. ►**RELATED:** Drug Legalization and the Opioid Crisis: The End of America? - https://muslimskeptic.com/2023/02/08/drug-legalization-opioid-crisis/

[25] National Health Committee. (1999). Review of the wisdom and fairness of the Health Funding Authority strategy for immunisation of 'hard to reach' children. National Advisory Committee on Health and Disability, Wellington.

Example 2: Pharmaceutical companies, which are some of the most profitable in the world, are driven by the need to provide a return on investment for their shareholders. This profit motive is suggested to take precedence over safety, putting vaccine recipients at greater risk.[26]

Example 3: Many studies on vaccine safety are funded by big pharmaceutical companies, leading to concerns about conflicts of interest that could bias the research.[27]

Example 4: Doctors and health professionals who speak out against vaccination risk losing funding, being ostracized by their peers, or even losing their jobs, which may discourage dissent and maintain the status quo. For instance, in New Zealand in 2002, the Director of Public Health made threats against the job security of midwives who disseminated information on vaccination that was not sanctioned by the Ministry of Health.[28]

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[26] Fischer, J. Five Reasons to Look at Pharmaceutical Stocks.

[27] Greenberg, D.S. (2001). At any cost. New Scientist, 172(2312): 50. ►Horton, R. (2001). Lotronex and the FDA: a fatal erosion of integrity. The Lancet, 357(9268). ►Committee on Government Reform. (2000). Conflicts of Interest in Vaccine Policy Making. Majority Staff Report, Committee on Government Reform, U.S. House of Representatives.

[28] Source: Natural News on BMJ Financial Ties- http://www.naturalnews.com/033516_BMJ_financial_ties.html ►Source: Natural News on Merck Vioxx Marketing- http://www.naturalnews.com/035690_Merck_Vioxx_marketing.html

11. Unvaccinated Children May Be Generally Healthier Than Vaccinated Children

Some research suggests that unvaccinated children are, in reality, much healthier than their vaccinated peers.

Example 1: A 1992 IAS survey in New Zealand found that vaccinated children suffered significantly more from chronic conditions like asthma, eczema, ear infections, tonsillitis, ADHD, and apnoea attacks compared to unvaccinated children.

Example 2: A 1997 study of 1,265 Christchurch children born in 1977 found that 23% of the children vaccinated with DTP and polio had asthma episodes, and 30% had doctor consultations for allergies by the age of ten. None of the unvaccinated children had asthma or had consulted a doctor for asthma or allergic conditions.[29]

The studies that were conducted on vaccinated children vs completely unvaccinated children show a massive difference in a slew of short and long-term diseases and health outcomes.[30]

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[29] Kemp, T., et al. (1997). Is infant immunization a risk factor for childhood asthma or allergy? Epidemiology, 8(6): 678–80.

[30] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709050/ here
► https://pubmed.ncbi.nlm.nih.gov/9345669/ here
► https://www.vaccineinjury.info/

12. Vaccines Have Not Undergone Long-Term Safety Studies

The real issue at hand for this vaccine controversy is the absence of a study of vaccine safety in the long term, especially in studies comparing populations that were vaccinated with those that were not.

Example: There have been no long-term safety studies where the health of vaccinated children is compared with a group of unvaccinated control children, leaving significant gaps in understanding the long-term effects of vaccination.[31]

13. The Increase in Chronic Illnesses Among Children May Be Linked to Vaccines

Vaccination schedules have risen in tandem with the new wave of rapidly increasing chronic illnesses in children, which may thus indicate an association.

[31] Schlafly, R. (1999). Official vaccine policy flawed. Medical Sentinel, Vol. 4, No. 3: 106–108. AAPS. ►Orient, J. (1999). Statement of The Association of American Physicians and Surgeons, Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform U.S. House of Representatives. ►Howson, C.P., Howe, C.J., & Fineberg, H.V. (Editors), (1991). Adverse Effects of Pertussis and Rubella Vaccines, Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines, Institute of Medicine.

Example 1: Conditions such as asthma, eczema, and neurological issues have increased alongside the rise in vaccination rates, raising concerns about a potential link.[32]

Example 2: Conditions like autism and autoimmune diseases, which were less common in the past, have become more prevalent alongside increased vaccination rates.

14. Vaccine Manufacturers Avoid Conducting Studies That Could Reveal Negative Outcomes

There is a conspicuous lack of good-sized studies comparing the health of vaccinated versus unvaccinated children. Most suspect that this is because such a study would probably not look good.

Example 1: The lack of such studies raises concerns that the vaccine industry might be avoiding research that could reveal potential risks or negative outcomes associated with vaccines.

Example 2: The few studies that have compared vaccinated children with completely unvaccinated children show significant differences in a range of short and long-term diseases and health outcomes.[33]

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[32] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709050/
► https://pubmed.ncbi.nlm.nih.gov/9345669/

[33] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709050/here
► https://pubmed.ncbi.nlm.nih.gov/9345669/ here
► https://www.vaccineinjury.info/

15. Vaccines May Be Unsafe for Children with Certain Health Conditions or Vulnerabilities

A very important issue is the relative safety of vaccines in children with specific health issues or vulnerabilities.

Example 1: Vaccines are often not tested on sick or premature babies, yet they are administered to these vulnerable groups, raising concerns about their safety in these populations.

Example 2: Administering vaccines to sick or premature children without adequate safety studies is considered a major ethical issue.

16. Parents and Children Who Suffer Adverse Effects from Vaccines Are Often Dismissed

There is a sense in which reporting of the adverse effects of the vaccination occurring in parents and children is not taken seriously but marginalized.

Example 1: Parents who believe their children have been harmed by vaccines often feel dismissed, as they are frequently told that the timing is just coincidental and that the vaccine is not to blame.

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Example 2: The lack of official recognition or reporting of adverse vaccine reactions can leave affected families without the support they need, further complicating their situation.

17. Placebo Controls in Trials Are Misleading

Special concerns have been expressed about the use of placebo controls in vaccine trials, through which misleading conclusions might be reached regarding vaccine safety.

Example 1: Vaccine trials often use placebo controls that contain adjuvants minus the virus, rather than using a true placebo such as pure saline. This could lead to misleading conclusions about vaccine safety.

Example 2: True placebo-controlled trials, which would involve comparing vaccinated children to completely unvaccinated ones, are rarely conducted, making it difficult to accurately assess the real-world safety of vaccines.

18. Conflicts of Interest in Vaccine Safety Research

Conflicts of interest in vaccine safety research could lead to study findings being skewed and undermine confidence in various studies.

Example 1: Regulatory bodies such as the FDA and CDC are responsible for both promoting and researching vaccines,

creating a conflict of interest that may bias the outcomes of vaccine safety studies. It is not uncommon for key figures from major pharmaceutical firms to take positions within the very regulatory agencies tasked with approving and monitoring the products they helped develop. After the approval process, many of these individuals return to high-paid roles within the same companies. This back-and-forth between industry and regulators creates a conflict of interest that may undermine the objectivity of the approval process and the transparency of vaccine safety data.

Example 2: The Institute of Medicine (IOM), though theoretically independent, receives grants from agencies like the CDC, which could influence their conclusions regarding the safety of vaccines, particularly on sensitive issues like the potential link between thimerosal and autism.

19. Vaccine Manufacturers Prioritize Profit Over Safety

It is believed that the manufacturers of the vaccines place profits before rigorous tests of safety standards and are, therefore, compromising the safety of the vaccines.

Example 1: The massive financial stakes involved in the vaccine industry, where childhood vaccines alone generated $11.5 billion in 2009 and were projected to reach $20 billion by 2014, suggest that profit may be prioritized over rigorous safety testing.

Example 2: The pharmaceutical companies' financial ties to regulatory bodies and medical journals raise concerns about the integrity of the research used to deem vaccines safe.[34]

20. Countless Vaccines Have Been Withdrawn from the Market Due to Inefficacy or Safety Issues

Many don't know that a growing list of vaccines were withdrawn from the market because they were not clinically proven or had other safety concerns. The continuous concern about the safety of vaccines was further emphasized because many vaccines had been withdrawn from the market due to inefficacy or additional safety issues.[35]

21. Vaccine Reactions Are Underreported

There is widespread agreement that vaccine reactions are grossly underreported, which may skew the understanding of vaccine safety.

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[34] http://www.naturalnews.com/033516_BMJ_financial_ties.html here ►http://www.naturalnews.com/035690_Merck_Vioxx_marketing.htm

[35] Source: National Center for Biotechnology Information- https://www.ncbi.nlm.nih.gov/books/NBK561254/table/T4/?report=objectonlynformation ►Source: Whale.to on Withdrawn Vaccines- https://web.archive.org/web/20140410233317mp_/http://www.whale.to/v/withdrawn.html

Example: Only about 1% of serious events are reported to the FDA. This means that 99% of adverse vaccine reactions may go unreported.[36]

22. Pharmaceutical Companies Take All the Profit, While Taxpayers Bear the Cost of Vaccine Injuries

Under the National Childhood Vaccine Injury Act (NCVIA), vaccine manufacturers are shielded from direct legal liability, meaning they keep all the profits from vaccine sales while facing no risk of lawsuits for vaccine-related injuries. Instead, compensation for these injuries is paid out by the National Vaccine Injury Compensation Program (VICP), which is funded by a tax on each vaccine dose. This means that when people are harmed by vaccines, it is taxpayers—not the pharmaceutical companies -who bear the financial burden of compensation.

Since its inception, the VICP has paid out billions in compensation for vaccine injuries. Despite this, pharmaceutical companies continue to make billions in profit, while taxpayers indirectly fund the compensation for any injuries or adverse effects caused by these vaccines. Critics argue this system incentivizes profit over safety, as companies are not held directly responsible for the financial consequences of their mistakes **(source: U.S. Health Resources & Services Administration).**

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[36] http://www.fda.gov/downloads/Safety/MedWatch/UCM201419.pdf
►RELATED: On On The Vaccine Religion-
https://muslimskeptic.com/2021/12/09/on-the-vaccine-religion/

This has made many people doubt whether vaccination programs will actually be safe, because the profit margin will exceed the intent for safety.

Example 1: The massive financial stakes involved in the vaccine industry, where childhood vaccines alone generated $11.5 billion in 2009 and were projected to reach $20 billion by 2014, suggest that profit may be prioritized over rigorous safety testing. For instance, the Health Funding Authority in New Zealand spent almost $11.8 million on vaccination between 1989 and 1999, $6.3 million of which was spent just on purchasing vaccines.[37]

Example 2: The pharmaceutical companies' financial ties to regulatory bodies and medical journals raise concerns about the integrity of the research used to deem vaccines safe.[38]

Example 3: Pharmaceutical companies, which are some of the most profitable in the world, are driven by the need to provide a return on investment for their shareholders. This profit motive is suggested to take precedence over safety, putting vaccine recipients at greater risk.[39]

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[37] National Health Committee. (1999). Review of the wisdom and fairness of the Health Funding Authority strategy for immunisation of 'hard to reach' children. National Advisory Committee on Health and Disability, Wellington.

[38] http://www.naturalnews.com/033516_BMJ_financial_ties.html
► http://www.naturalnews.com/035690_Merck_Vioxx_marketing.htm

[39] Fischer, J. Five Reasons to Look at Pharmaceutical Stocks.

Example 4: Many studies on vaccine safety are funded by big pharmaceutical companies, leading to concerns about conflicts of interest that could bias the research.[40]

Example 5: Doctors and health professionals who speak out against vaccination risk losing funding, being ostracized by their peers, or even losing their jobs, which may discourage dissent and maintain the status quo. For instance, in New Zealand in 2002, the Director of Public Health made threats against the job security of midwives who disseminated information on vaccination that was not sanctioned by the Ministry of Health.[41]

Common Responses to Vaccine Hesitancy

The above arguments present a strong case for re-evaluating the role, effectiveness, and safety of vaccines. While vaccination has undoubtedly played a role in public health, these points suggest that a more nuanced understanding of disease prevention and the potential risks associated with vaccines is necessary.

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[40] Greenberg, D.S. (2001). At any cost. New Scientist, 172(2312): 50. ►Horton, R. (2001). Lotronex and the FDA: a fatal erosion of integrity. The Lancet, 357(9268). ►Committee on Government Reform. (2000). Conflicts of Interest in Vaccine Policy Making. Majority Staff Report, Committee on Government Reform, U.S. House of Representatives.

[41] Source: Natural News on BMJ Financial Ties- http://www.naturalnews.com/033516_BMJ_financial_ties.html ►Source: Natural News on Merck Vioxx Marketing- http://www.naturalnews.com/035690_Merck_Vioxx_marketing.htm

However, many colleagues and health authorities still hold onto their belief that vaccines should not be doubted. Thus, here are some of the common responses to vaccine hesitancy and my reflections on them.

1. "Vaccines Are Thoroughly Tested for Safety!"

Physicians often refer to the painstaking processes that vaccines undergo before licensure. This is true to some extent, but critics now disagree with the assumption that vaccines have unforeseeable long-term side effects; there are no long-term studies that compare the vaccinated versus the unvaccinated populations. Secondly, at times vaccine trials utilize placebos that contain other vaccine components. This provides a biased perception of side effects.

2. "Vaccines Have Wiped Out the Diseases Like Smallpox!"

While it's true that vaccines have played a role in reducing diseases like smallpox, we need to be cautious about assuming that lower case numbers automatically mean vaccines are completely safe or necessary for every disease. In many instances, the dangers of these diseases have been greatly exaggerated. For example, 99% of poliovirus infections are either asymptomatic or result in only mild symptoms, such as a sore throat or low-grade fever, which typically resolve within one to two weeks.

To be fair, smallpox was a truly devastating disease, with a mortality rate of around 30%, making it a unique case where vaccination might be more justifiable. However, most other diseases, like polio, do not pose the same level of threat, raising the question as to whether such aggressive vaccination efforts are always necessary or proportionate.

Additionally, achieving good natural herd immunity doesn't always require mass vaccination. More cases with proper sanitation and hygiene often lead to mild or asymptomatic infections. This, in turn, increases circulating antibodies within the population, naturally keeping the disease at bay without the need for widespread vaccination campaigns.

3. "The Side Effects of the Vaccines Are Rare!"

It is often stated that vaccine side effects are rare. It's important to consider the sources of these claims. Knowing how pharmaceutical companies operate—often driven by profit motives—, can we really afford to blindly trust the studies and data that they produce? Vaccines are arguably one of the most profitable products in the medical industry, generating billions, if not trillions, in revenue. This raises serious concerns about the potential conflicts of interest involved in the research, approval, and promotion of vaccines.

The financial incentives behind vaccines make it crucial to approach these claims with caution. Are we seeing all the data, or is it just that which supports the narrative of

vaccine safety? When billions of dollars are at stake, it's reasonable to question whether or not the full extent of vaccine side effects is being reported transparently, especially when adverse reactions could affect the bottom line of these companies.

Conclusion: Balancing the Approach

Islam taught us to seek knowledge, question assumptions, and make decisions with wisdom and foresight. I, as a Muslim physician, do believe that we are under obligation to practice critical judiciousness of accepted medical practices and to ensure that which is practiced is in compliance with both ethical and scientific premises. Vaccines have less than questionably saved thousands with diseases that plagued a portion of humanity for many decades. However, not all that is said is completely true, and there are risks associated with them. I hope that in the future we, as an ummah, emphasize the fortification of natural immunity by means of nutritional, hygienic, and environmental improvement, using reasonable vaccination only when strictly necessary. It is through this approach, in my humble opinion, that our bodily health and our ethical commitment to a more holistic approach toward disease prevention might be better served.

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